

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-089959
FILING DATE

APPLICANT(S)

CLAIMS

AB PILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
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TOTAL IND.	3			
TOTAL DEP.	8	↔	↔	↔
TOTAL CLAIMS	11	[REDACTED]	[REDACTED]	[REDACTED]

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
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100			
TOTAL IND.		↔	↔
TOTAL DEP.		↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY